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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNE	DOCKET NO./TITLE
08/840,288	04/14/97 C	OMPADRE	C	023533/102
FOLEY AND LA	ARDNER	0222/0917	NOT A	ASSIGNED
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WASHINGTON D	C 20007-5109		1205	
		DATE MA	AILED:	09/17/97
		ISSING PARTS OF APPLICAT ing Date Granted	ION	
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Additional claim fees of \$\(\) Applicant must either subr		ncluding any multiple dependent cla nees or cancel additional claims for v	im fees, are requ <i>vhich fees are du</i>	ired. <i>e</i> .
3. The oath or declaration:				
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An oath or declaration in the above Application Nur	compliance with 37 CFR	1. 63, including residence informati	ion and identifying	g the application by
 The signature(s) to the oatl missing. 	h or declaration is/are:			
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	ing the names of all inve	ntors and signed by the omitted inv	entor(s), identifyii	ng this application by
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FORM PTO-1533 (REV.7-96)

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*U.S. GPO: 1996-404-496/40515